

Before the
Administrative Hearing Commission
State of Missouri



)	
(Employee name))	
)	
Petitioner,)	
)	
vs.)	
)	
)	
(Appointing authority – Division/Dept. name and address))	
)	
Respondent.)	

COMPLAINT
(Pursuant to §§ 36.390.5 and 621.075, RSMo)

_____ appeals the disciplinary action taken by Respondent
(Petitioner name)

with an effective date of _____. In support of this petition:

1. Pursuant to §§ 36.390.5 and 621.075, RSMo, this Commission has jurisdiction over the appeal of this disciplinary action. I have the right to hire an attorney at my own expense, and I will ____ will not ____ hire one to represent me.

2. I am requesting that this proceeding and the record be public ____ or closed _____. I have the right to allow the hearing to be open or closed to the public pursuant to § 621.075.2.

3. The disciplinary action being appealed is (check one):

☐ Demotion

☐ Suspension of more than five working days

☐ Dismissal

☐ Other, per § 105.055, RSMo Supp. 2009 (whistleblower)

4. I believe this disciplinary action was taken for one or more of the following reasons
(check all that apply and specify if necessary):

☐ Political reasons

☐ Religious reasons

☐ Racial reasons

☐ Not for the good of the service

☐ Other – specify _____

5. I believe that the action taken for the reason(s) set out above is because (state your reasons/explanation for each of the claims you checked above): _____

6. My answers to the appointing authority's reasons for the disciplinary action are as follows: _____

7. Please set a pre-hearing conference so we may discuss the procedural issues and time frame necessary for the resolution/adjudication of my petition.

8. I understand that by filing this petition I am subjecting myself to the jurisdiction of this Commission, that this Commission has procedures and rules codified in Chapters 536 and 621 of the Missouri Revised Statutes, and Regulations 1 CSR 15-3.200 through .580, that I must abide by, that this Commission may enter such orders and judgments as are authorized by law.

Request for Relief

9. I would like this Commission to reinstate me to my position and make a determination that I am eligible to seek back pay pursuant to § 621.075.3 in a separate action before this Commission.

10. A copy of the Appointing Authority's letter that is the subject of this appeal is attached.

WHEREFORE, Petitioner asks this Commission to hear and decide the issues and to make findings of fact and conclusions of law favorable to Petitioner based on substantial and competent evidence.

Date: _____

Employee signature

Street address

City, State, Zip

Phone number and fax number

E-mail address